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FROM:

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Art Unit 3732/Examiner Michael Priddy

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Ferraro

Fax No.: 703-872-9306

No. of Pages (including this): 19

Subject: U.S. Patent Application No. 09/970,294

Gary K. Michelson, M.D.

Date:

October 7, 2004

Filed: October 2, 2001

SCREWS OF CORTICAL BONE AND METHOD OF

MANUFACTURE THEREOF Attorney Docket No. 101.0070-02000

Customer No. 22882 Confirmation No.: 2538 Confirmation Copy to Follow: NO

Message:

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FORM PTO-1083

Attorney Docket No.: 101.0070-02000 Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gary K. Michelson, M.D. Serial No: 09/870,294 Filed: October 2, 2001 For: SCREWS OF CORTICAL BONE AND METHOD OF MANUFACTURE THEREOF

Confirmation No.: 2638

Art Unit: Examiner:

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1460

Doer Sir:

Transmitted herewith is a reply to the Final Office Action of July 13, 2004 in the above-identified application.

No additional fee is required.

Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below (Col. 1) CLAIMS REMAINING AFTER AMENDMENT (Col. 3) PRESENT EXTRA--6222'L E GNTTTY FEE EM=\$15 516 EM=\$6 566 EM=\$43 566 TOTAL CLAIMS FEE 109 100 O CLAIMSLEEE . ___ 0 = a LARGE ENTITY FEE = \$290 SMALL CINTITY FEE = \$145 TOTAL FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS 3 0

If the crity, in Oat, 1 is take then the entry in Col. 2, write "O" in Col. 3.

If the Chip of the Chi

_ to cover the additional claims fee is enclosed. or the ***-month extension of time fee is enclosed. A total fee in the amount of \$_ A total fee in the amount of \$\frac{\pi}{2}\$ to cover the additional claims fee is enclosed.

A fee in the amount of \$\frac{\pi}{2}\$ to cover the ***-month extension of time fee is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 60-1088. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.18 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

1557 Lake O'Pines Street, NE Hartville, Ohio 44532 Telephone: 330-877-0700 Facsimile: 330-877-2030

Transmittal of Amendment DOC

Date: October 7, 2004

Ferraro No. 37,129

FORM PTO-1083

Attorney Docket No.: 101.0070-02000 Customer No. 22862

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Gary K. Michelson, M.D.
Sertal No: 09/970,294
Filed: October 2, 2001
For: SCREWS OF CORTICAL BONE AND
METHOD OF MANUFACTURE THEREOF

Confirmation No.: 2538

Art Unit: Examiner:

Mail Stop AF Commissioner for Patents P.O. Box 1460 Alexandria, VA 22313-1460

Door Sin

Transmitted herowith is a reply to the Final Office Action of July 13, 2004 in the above-identified application.

No additional fee is required.

Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

10 100 1100 20011	(COL 1) CLAIME REMAINING AFTER AMENDMENT	\square	(Col. 2) HIGHEST NUMBE PREVIOUSLY PAID		(Col. 3) PRESENT EXTRA-	LG/SM SENTITY PES		ADD'L FÉE DUE	
TOTAL CLAIMS FEE	100	-	100	- 1	•	LG=\$18 6M=\$6	\$10	•	٥
INDEPENDENT CLAIMS PEE		1 -	å	L	0	LG=\$00 SM=\$43	\$86		0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS SMALL ENTITY FEE = 8290								•	0
							TOTAL		0

I leas than the entry in Col. 2, write "0" in Col. 3.

**Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

**Previously Paid For" IN THIS SPACE is less than 3, write "3" in this apace. The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this apace. The "Highest Number for the couldn't form the equivalent best on Col. 1 of a prior amendment or the number of daims originally flad.

A total fee in the amount of \$_____ to cover the additional claims fee is enclosed.

A fee in the amount of \$____ to cover the ***-month extension of time fee is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is

ised. Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & PERRARO, LI

Date: October 7, 2004

1667 Lake O'Pines Stroot, NE ristrtille, Ohio 44632 Telephono: 330-877-0700 Facsimile: 330-877-2030

By:

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OCT 0 7 2004

PATENT Attorney Docket No. 101.0070-02 Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Confirmation No.: 25	38
Gary K. Michelson)	
Serial No.: 09/970,294) Group Art Unit: 3732	
Filed: October 2, 2001) Examiner: M. Priddy	
For SCREWS OF CORTICAL BONE AND))	
METHOD OF MANUFACTURE	.)	
THEREOF)	

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

AMENDMENT AFTER FINAL

In reply to the Final Office Action dated July 13, 2004, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 15 of this paper.